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OCT 03 2005

ANDREW D. FORTNEY, PH.D.

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COMPANY: **COMMISSIONER FOR PATENTS / P.O. Box 1450, ALEXANDRIA VA 22313-1450**

FAX: **1 (571) 273-8300**

DATE: **10-03-2005**

TIME: **6:35 PM**

WITH CONFIRMATION  
 WITHOUT CONFIRMATION

RE: **APPLICATION No. 10/751,184**  
 FILED: **12-30-2003**

I hereby certify that this document and all documents listed below are being transmitted via facsimile to  
 Commissioner for Patents, fax no. (571) 273-8300, on October 3, 2005.

By: Jennie Heaton  
 Jennie Heaton

SUBMITTED HEREWITH FOR THE ABOVE-CAPTIONED APPLICATION:

- Transmittal Form
- Fee Transmittal Form
- Credit Card Payment Form
- Petition for Extension of Time
- Notice of Appeal

Respectfully submitted,



Andrew D. Fortney, Ph.D.; Reg. No. 34,600

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PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0551-0031  
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TRANSMITTAL  
FORM

(to be used for all correspondence after initial filing)

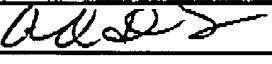
Total Number of Pages in This Submission

6

Application Number	10/751,184	RECEIVED
Filing Date	12-30-2003	CENTRAL FAX CENTER
First Named Inventor	Sang Hun OH	
Art Unit	3749	OCT 03 2005
Examiner Name	Gravini, Stephen Michael	
Attorney Docket Number	PIA31069/ANS	

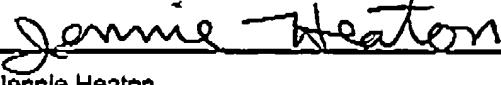
ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached  <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s)  <input type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers  <input checked="" type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____  <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): - Fax Cover Sheet - Credit Card Payment Form
Remarks		

## SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	The Law Offices of Andrew D. Fortney, Ph.D., P.C.		
Signature			
Printed name	Andrew D. Fortney, Ph.D.		
Date	10-03-2005	Reg. No.	34,600

## CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	Jennie Heaton	Date	10-03-2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PTO/SB/17 (12-04)

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Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEES TRANSMITTAL

## For FY 2005

Applicant claims small entity status. See 37 CFR 1.27

**TOTAL AMOUNT OF PAYMENT** (\$ 830)

Complete If Known	
Application Number	10/751,184
Filing Date	12-30-2003
First Named Inventor	Sang Hun OH
Examiner Name	Gravini, Stephen Michael
Art Unit	3749
Attorney Docket No.	PIA31069/ANS

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## METHOD OF PAYMENT (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: \_\_\_\_\_ Deposit Account Name: \_\_\_\_\_

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee  
 Charge any additional fee(s) or underpayments of fee(s)  Credit any overpayments  
 under 37 CFR 1.16 and 1.17

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## FEE CALCULATION

## 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES	
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0

## 2. EXCESS CLAIM FEES

Fee Description Small Entity  
 Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Fee (\$) Fee (\$)  
 50 25

Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent Fee (\$) Fee (\$)  
 200 100

Multiple dependent claims Fee (\$) Fee (\$)  
 360 180

Total Claims Extra Claims Fee (\$) Fee Paid (\$)  
 - 20 or HP = 0 x 0 = 0

HP = highest number of total claims paid for, if greater than 20

Indep. Claims Extra Claims Fee (\$) Fee Paid (\$)  
 - 3 or HP = 0 x 0 = 0

HP = highest number of independent claims paid for, if greater than 3

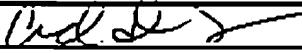
Multiple Dependent Claims Fee (\$) Fee Paid (\$)  
 - 0 = 0

3. APPLICATION SIZE FEE  
 If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)  
 - 100 = 0 / 50 = 0 (round up to a whole number) x 0 = 0

4. OTHER FEE(S)  
 Non-English Specification, \$130 fee (no small entity discount) Fee Paid (\$)  
 0  
 Other: Two Month Extension of Time Fee (\$330), Notice of Appeal Fee (\$500) Fee Paid (\$)  
 830

## SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	34,600	Telephone	559-299-0128
Name (Print/Type)	Andrew D. Fortney, Ph.D.			Date	10-03-2005

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